

MCNEPO109US oner's Docket No.

PATENT

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ferguson et al

Serial No.: 0 8 / 307,640

Filed: September 15, 1994

Group No.: For: WOUND HEALING AND TREAT- Examiner:

1816

D. Adams

MENT OF FIBROTIC DISORDERS Assistant Commissioner for Patents

Washington, D.C. 20231

SUBMISSION AFTER FINAL REJECTION UNDER 37 C.F.R. § 1.129(a)

_		,	-U-0-1-011 011-2-11 01 012-12-01 3 21-2-5 (u)		
date c	of 35	• • • • • • • • • • • • • • • • • • • •	ast two (2) years as of June 8, 1995 (the effective account any reference made in this application to		
		35 U.S.C. 120.			
		35 U.S.C. 121.	Promo		
	X	35 U.S.C. 365(c).	SEP 2 4 1997		
2. T	his	submission is filed:			
	X	prior to or			
		simultaneously with			
th	e fil	ling of an appeal brief AND			
	X	prior to abandonment of the a	application.		
		(When using Express Mail, the E Express Mail c	DER 37 CFR 1.8(a) and 1.10 Express Mail label number is mandatory; ertification is optional.)		
I hereby	cer	tify that, on the date shown below, this	· -		
57 .d	!		MAILING		
		nts, Washington, D.C. 20231	e in an envelope addressed to the Assistant Commissione		
ŠČI svite	37 CFR 1.8(a) With sufficient postage as first class mail.		37 CFR 1.10*		
EM WILL	Sun	ncioni postage as first class mail.	as "Express Mail Post Office to Addressee" Mailing Label No(mandatory)		
		TRA	NSMISSION		
☐ tran	smitt	ted by facsimile to the Patent and Trac	demark Office.		
			Claudin Bally		
Date: September 15, 1997 Signature					
			Claudia Bader		
			(type or print name of person certifying)		

*WARNING: Each paper or fee filed by Express Mail must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. 1.10(b).

"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this

09/22/1997 NVILLARI 00000067 MAY 187988 will 1899 Separated on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

01 FC:216 195.00 CH (Submission after Final Pointing under 27 O.F.D. 6.4 1001). To add

(Submission after Final Rejection under 37 C.F.R. § 1.129(a) [9-46]—page 1 of 5)

3. This s	submission is the:
么	first
	second
submi	ission made after final rejection for this application.
WARNING	Only a first and second submission is permitted. "Any submission filed after a final rejection made in an application subsequent to the fee set forth in § 1.17(r) having been twice paid will be treated as set forth in § 1.116" 37 C.F.R. § 1.129(a).
	ne finality of the final rejection (or subsequent final rejection) is automatically withdrawn upon the nely filing of the submission and payment of the fee set forth in § 1.17(r). 37 C.F.R. § 1.129(a).
4. The s	submission being made herewith is:
	(check and/or complete all applicable items)
X	an information disclosure statement.
or we	view of the \$730.00 fee required by \$ 1.17(r), "any information disclosure statement previously refused insideration in the application because of applicant's failure to provide the certification under \$ 1.97(e) to pay the fee set forth in \$ 1.17(p) or which is filed a part of either the first or second submission ould be treated as though it had been filed within one of the time periods set forth in \$ 1.97(b) and ould be considered without the petition and petition fee required in \$ 1.97(d), if it complies with the quirements of \$ 1.98." 59 FR 63,951, at 63,956.
X	an amendment to the
	description.
	🔼 claims.
	☐ drawings.
	a new substantive argument.
X	new evidence in support of patentability.
	other:

(Submission after Final Rejection under 37 C.F.R. § 1.129(a) [9-46]—page 2 of 5)

5. 9	•				\$770.00
		small entity			\$385.00
	X		mall entity. The small entit	y statement	
		☐ is filed here		4	•
			September 15, 199		305 00
•				Fee \$ _	385.00
		nsion of time			•
	•	ceedings herein apply.	are for a patent applicati	on and the provi	sions of 37 C.F.R.
(a)	X		ns for an extension of tim 1.17(a)-(d)), for the total n		
		Extension (months)	Fee for other than small entity	Fee for small entit	Y
		one month two months three months four months	\$110.00 \$390.00 \$930.00 \$1,470.00	\$55.00 \$195.00 \$465.00 \$735.00	
			,	Fee \$_	195.00
If an additional extension of time is required, please consider this a petition therefor.					
(check and complete the next item, if applicable)					
	An extension for months has already been secured. The fee of \$ paid therefor is deducted from the total fee due for the				
	total months of extension now requested.				
OR					
(b)		tional petition is	es that no extension of ter being made to provide for prooked the need for a pe	or the possibility	that applicant has

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below: (Col. 1) (Col. 2) (Col. 3) SMALL ENTITY OTHER THAN A SMALL ENTITY CLAIMS REMAINING AFTER PREVIOUSLY PRESENT ADDIT. AMENDMENT PAID FOR EXTRA RATE FEE OR RATE FEE TOTAL • MINUS ••• = x\$11= \$ x\$22= \$ INDEP. • MINUS ••• = x\$40= \$ x\$80= \$ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM +\$130= \$ +\$260= \$ TOTAL \$ OR TOTAL \$ ADDIT. FEE \$ • If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3. •• If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20". •• If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed. (complete the following, as applicable) No additional fee is required.	7. Fees for additional claims (if applicable):											
CLAIMS REMAINING AFTER PREVIOUSLY PRESENT AMENDMENT TOTAL MINUS **	The	e fo	ee	for claims	(37 C.F	R. 1.16(b)-(ď)) has been	calcula	ted as sl	how	n below	/:
REMAINING AFTER PREVIOUSLY PRESENT ADDIT. AMENDMENT PAID FOR EXTRA RATE FEE OR RATE FEE TOTAL * MINUS *** = x\$11= \$ x\$22= \$ INDEP. * MINUS *** = x\$40= \$ x\$80= \$ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM +\$130= \$ +\$260= \$ TOTAL \$ OR TOTAL \$ ADDIT. FEE \$ If the entry in Col. 1 is less than entry in Col. 2, write "O" in Col. 3. If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed. (complete the following, as applicable) No additional fee is required.										_	OTHER	THAN A
INDEP. * MINUS *** = x\$40 = \$ x\$80 = \$ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM +\$130 = \$ +\$260 = \$ TOTAL \$ OR TOTAL \$ ADDIT. FEE \$ If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3. If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed. (complete the following, as applicable) No additional fee is required.				EMAINING AFTER		PREVIOUSLY		RATE		OR	RATE	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM +\$130= \$ +\$260= \$ TOTAL \$ OR TOTAL \$ ADDIT. FEE \$ If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3. If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed. (complete the following, as applicable) No additional fee is required.	TOTAL	<u> </u>	•		MINUS	**	=	x\$11=	\$	_	x\$22=	\$
TOTAL \$ OR TOTAL \$ ADDIT. FEE \$ If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3. He "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20". He "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed. (complete the following, as applicable) No additional fee is required.	INDEP		•		MINUS	***	E	x\$40=	\$	-	x\$80=	\$
ADDIT. FEE \$ If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3. If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed. (complete the following, as applicable) No additional fee is required.	☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM +\$130= \$ +\$260= \$					\$						
If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed. (complete the following, as applicable) No additional fee is required.				<u></u>			AD		-	OR	TOTAL	s
OR	 If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed. (complete the following, as applicable) 											
							OR					

The total additional fee required is \$

8. Total fees due:

a. Additional claim fees

b. Extension of time fee

c. Submission fee (37 C.F.R. § 1.17(r))

Total fees due \$

580.00

(Submission after Final Rejection under 37 C.F.R. § 1.129(a) [9-46]—page 4 of 5)

(Rel.71—697 Pub.605) FORM 9-46 9-268

9. Paym	nent of fees				
	Enclosed is a check in the amount of \$				
Ø	Charge Account18-0988	in the amount of \$ 580.00			
	A duplicate of this request is	attached.			
	Please charge Account 18-0988 for any fee deficiency.				
NOTE: Fees should be itemized in such a manner that it is clear for which purpose the fees are paid. 37 C.F.R. § 1.22(B).					
Reg. No.:	32,510	Signature of Practitioner			
	•	William C. Tritt			
Tel. No.: (216) 621–1113	(type or print name of practitioner)			
		Renner, Otto, Boisselle & Sklar, P.L.L. P.O. Address			
Customer	No.:	1621 Euclid Avenue, 19th Floor			
	••	Cleveland, Ohio 44115			